

FOR AGENT USE ONLY				HUMANA 2025 PRODUCT SUITE								FOR AGENT USE ONLY			
PPO - Passive				PPO - Passive				PPO - Passive				MA only - PPO Open			
Humana Full Access PPO H5216-384				Humana Full Access MAPD H5216-306 \$102 Part B giveback				Humana USAA MAPD w/ Rx H5216-305 \$66 Part B giveback				USAA Honor Giveback plan H5216-190 MA only; \$100			
Service Area: Statewide excl Alcona, Alger, Baraga, Clare, Delta, Houghton, Iosco, Iron, Keweenaw, Luce, Mackinac, Macomb, Manistee, Mason, Oakland, Ontonagon, Osceola, Schoolcraft, Tuscola, Wayne				Service Area: Statewide excl Baraga, Delta, Iosco, Isabella, Luce, Mackinac, Manistee, Mason, Ontonagon, Osceola, Schoolcraft,				Service Area: Statewide				Service Area: Statewide excl Keweenaw and Schoolcraft			
<u>IDEAL PROSPECT</u> Greatest Value PPO nationwide OPEN network				<u>IDEAL PROSPECT</u> No Rx Deductible nationwide OPEN network				<u>IDEAL PROSPECT</u> Lower utilizer nationwide OPEN network				<u>IDEAL PROSPECT</u> Veteran or does not want /never had Rx coverage. OPEN national network			
Plan Cost				Plan Cost				Plan Cost				Plan Cost			
Monthly Premium		\$0		Monthly Premium		\$0		Monthly Premium		\$0		Monthly Premium		\$0	
Medical ded		\$110 (in/out)		Medical ded		\$500		Medical ded		no deductible		Medical ded		no deductible	
PDP deductible		\$250 (3,4,5)		PDP deductible		\$0		PDP deductible		\$350 (tier 3,4,5)		PDP deductible		N/A	
MOOP		\$5,900 in/out		MOOP		\$9,350 / \$14,000		MOOP		\$8,850 / \$13,300		MOOP		\$6,750 in/out	
In/outpatient Care				In/outpatient Care				In/outpatient Care				In/outpatient Care			
Hospital		\$440 days 1-6		Hospital		\$400 days 1-5		Hospital		\$450 days 1-5		Hospital		\$295 days 1-7	
Lab Services		\$0 copay		Lab Services		\$0 copay		Lab Services		\$0 copay		Lab Services		\$0 copay	
Outpatient Surg		\$390 copay		Outpatient surg		\$350 copay		Outpatient surg		\$450 copay		Outpatient surgical		\$245 copay	
Doctor Office Visits				Doctor Office Visits				Doctor Office Visits				Doctor Office Visits			
PCP		\$0		PCP		\$0 (no ded)		PCP		\$0		PCP		\$10	
Specialist		\$40		Specialist		\$40 (no ded)		Specialist		\$50		Specialist		\$45	
PDP Benefits				PDP Benefits				PDP Benefits				PDP Benefit:			
Tier	30 day	100 day	100 Mail	Tier	30 day	100 day	100 Mail	Tier	30 day	100 day	100 Mail	N/A			
Tier 1	\$0	\$0	\$0	Tier 1	\$0	\$0	\$0	Tier 1	\$0	\$0	\$0				
Tier 2	\$5	\$15	\$0	Tier 2	\$0	\$0	\$0	Tier 2	\$10	\$30	\$0				
Tier 3	\$47	\$141	\$131	Tier 3	\$34	\$102	\$68	Tier 3	\$47	\$141	\$131				
Tier 4	46%	46%	46%	Tier 4	45%	45%	45%	Tier 4	45%	45%	45%				
Tier 5	30%	N/A	N/A	Tier 5	33%	N/A	N/A	Tier 5	28%	N/A	N/A				
Additional Benefits				Additional Benefits				Additional Benefits				Additional Benefits			
Routine Dental: \$2,000 max (no dentures) Routine Vision: \$100 glasses (PLUS) Routine Hearing: \$699/\$999 per ear Transportation: no coverage OTC Benefit: \$60 /qtr retail Wigs: \$500, SilverSneakers				Routine Dental: \$2,000 max (no dentures) Routine Vision: \$100 glasses (PLUS) Routine Hearing: \$399/\$699/\$999 per ear Transportation: no coverage OTC Benefit: \$50 /qtr retail Wigs: \$500, SilverSneakers				Routine Dental: \$1,000 max (no dentures) Routine Vision: \$300 glasses (PLUS) Routine Hearing: \$699/\$999 per ear Transportation: no coverage OTC Benefit: N/A Wigs: \$500, SilverSneakers				Routine Dental: \$2,500 max (no dentures) Routine Vision: \$200 glasses (PLUS) Routine Hearing: \$99/\$399/\$699 per ear Transportation: no coverage OTC Benefit: \$50 / qtr retail SilverSneakers			

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PPO DSNP - Open		PPO DSNP - Open		PPO CSNP - Open					
Humana Dual Select PPO H5216-388 MAPD		Humana Dual Select PPO H5216-385 MAPD		HumanaChoice Diabetes & Heart H5216-375 MAPD					
Service Area: Statewide; excl Genesee, Ingham, Lapeer, Livingston, Macomb, Oakland, Washtenaw, Wayne, Sanilac, St Clair, Tuscola, Wayne (these counties have the HMO DSNP)		Service Area: Statewide; excl Baraga, Delta, Iron, Iosco, Luce, Mackinac, Manistee, Schoolcraft		Service Area: Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Cass, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, Saginaw, Sanilac, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne.					
IDEAL PROSPECT Dual eligible w/ Medicaid level of FBDE, QMB+, or SLMB+		IDEAL PROSPECT Dual eligible w/ Medicaid levels of FBDE, QMB+, SLMB+, QMB, QDWI, QI, SLMB		IDEAL PROSPECT Year round SEP - Diabetes, Heart Failure, Cardiovascular Open national network					
Plan Cost		Plan Cost		Plan Cost					
Monthly Premium	\$0	Monthly Premium	\$0	Monthly Premium	\$0				
Medical deductible	no deductible	Medical deductible	no deductible	Medical deductible	no deductible				
PDP deductible	no deductible	PDP deductible	no deductible	PDP deductible	\$200 (tier 3,4,5)				
MOOP	\$0	MOOP	\$0	MOOP	\$6,750 in/out				
In/outpatient Care		In/outpatient Care		In/outpatient Care					
Hospital	\$0	Hospital	\$0	Hospital	\$530 days 1-5				
Lab Services (lab)	\$0	Lab Services (lab)	\$0	Lab Services	\$15				
Outpatient surgical	\$0	Outpatient surgical	\$0	Outpatient surgical	\$480				
Doctor Office Visits		Doctor Office Visits		Doctor Office Visits					
PCP	\$0	PCP	\$0	PCP	\$0				
Specialist	\$0	Specialist	\$0	Specialist	\$35				
PDP Benefits		PDP Benefits		PDP Benefits					
Generic/brand name 30/90 day supply		Generic/brand name 30/90 day supply		Tier	30 day	100 day	100 Mail		
generic/brand	all other drugs	generic/brand	all other drugs	Tier 1	\$0	\$0	\$0		
\$0 copay ALL tiers	\$0 copay ALL Tiers	\$0 copay ALL tiers	\$0 copay ALL Tiers	Tier 2	\$10	\$30	\$0		
				Tier 3	\$47	\$141	\$131		
				Tier 4	42%	42%	42%		
				Tier 5	30%	N/A	N/A		
				Tier 6	\$0	\$0	\$0		
Additional Benefits		Additional Benefits		Additional Benefits					
Routine Dental: \$1,500 max (no dentures) Routine Vision: \$100 glasses (PLUS) Routine Hearing: \$0 copay per ear per year Transportation: N/A - Can use debit card Healthy options card: \$175 /mo rollover NO SilverSneakers		Routine Dental: \$2,000 max (no dentures) Routine Vision: \$300 glasses (PLUS) Routine Hearing: \$0 copay per ear per year Transportation: 100 1-way trips 75 miles Healthy options card: \$100 /mo rollover SilverSneakers		Routine Dental: \$2000 max, 30% on dentures Routine Vision: \$250 glasses (PLUS) Routine Hearing: \$699/\$999 per ear Transportation: N/A Healthy options card: \$125 /mo rollover SilverSneakers					